

FEB 23 2006**BRINKLEY, McNERNEY, MORGAN, SOLOMON & TATUM, LLP****Attorneys at Law
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NAME: Examiner Olivia Marie Marsh/Art Unit 2686


FAX TELEPHONE NO. 571.273.8300

MESSAGE SENT BY: Daniel C. Crilly, Esq.

DATE: August 5, 2005

PAGES: (including cover).....15

MESSAGE: Please see attached Transmittal (1 page), Fee Transmittal (1 page),
Petition for One Month Extension of Time (1 page), Amendment
under 37 CFR § 1.111 (11 pages) in connection with U.S. Appl. Serial
No. 10/733,661. Thank you.

CERTIFICATE OF FAX TRANSMITTAL	
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PTO/SB/21 (09-04)

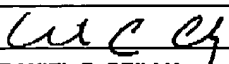
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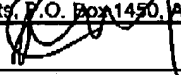
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/733,661	
	Filing Date	December 11, 2003	
	First Named Inventor	Wayne M. Phang	
	Art Unit	2686	
	Examiner Name	Olivia Marie Marsh	
Total Number of Pages in This Submission	15	Attorney Docket Number	CS24047US

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	BRINKLEY, MCNERNEY, MORGAN, SOLOMON & TATUM, LLP		
Signature			
Printed Name	DANIEL C. CRILLY		
Date	February 23, 2006	Reg. No.	38,417

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Signature			
Typed or printed name	Chriselide Mendez	Date	February 23, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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02/23/2006 17:07 FAX 954 522 9123

BRINKLEY MCNERNEY

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003

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2006</h3>		Complete if Known	
		Application Number	10/733,661
		Filing Date	December 11, 2003
		First Named Inventor	Wayne M. Phang
		Examiner Name	Olivia Marie Marsh
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2686
TOTAL AMOUNT OF PAYMENT (\$) 120.00		Attorney Docket No.	CS24047US

METHOD OF PAYMENT (check all that apply)

☐ Check
 ☐ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify): _____

☒ Deposit Account
 Deposit Account Number: **50-1111**
 Deposit Account Name: **BRINKLEY, MCNERNEY et al.**
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below
 ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
 ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims**
 - 20 or HP = _____ x _____ = _____ **Fee (\$)** **Fee Paid (\$)**
HP = highest number of total claims paid for, if greater than 20

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**
 - 3 or HP = _____ x _____ = _____
HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Claims **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**
 - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

	Fee Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other: Fee for one month extension of time for large entity	120.00

SUBMITTED BY		
Signature	Registration No. (Attorney/Agent) 38,417	Telephone (954) 522-2200
Name (Print/Type) Daniel C. Crilly	Date Feb. 23, 2006	

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